							Application or Docket Number						
	PATENT	RD											
		SMA	<u> </u>	MTITV		OTHER	TUAN						
_		·	S FILED - PART I (Column 1) (Column 2)				SMALL ENTITY TYPE			SMALL			
TOTAL CLAIMS						R	ATE	FEE	7	RATE	FEE		
FOR			NUMBER FILED NUME			BER EXTRA	BAS	SIC FEI	¥375	OR	BASIC FEE	\$750	
TOTAL CHARGEABLE CLAIMS			38 mi	nus 20=	* &	,18	X	\$ 9=		OR	X\$18=	234,0	
INDEPENDENT CLAIMS			5 minus 3 = * 2				X	42=		OR	X84=	16800	
ML	JLTIPLE DEPEN	NDENT CLAIM P	IESENT			+1	140=	1	OR	+280=	10000		
* If the difference in column 1 is less than zero, enter "0" in column 2							TO	OTAL	<u> </u>	OR	TOTAL	1/5200	
CLAIMS AS AMENDED - PART II							, ,		<u> </u>	1 0.1	OTHER	 	
	(Column 1) (Column 2) (Column 3)						SN	SMALL ENTITY			SMALL		
ENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
QM	Total	*	Minus	**		=	X	\$ 9=		OR	X\$18=		
AMENDMENT	Independent	*	Minus	***		=	×	42=		1	X84=		
	FIRST PRESE	ILTIPLE DEPENDENT CLAIM						OR					
	•							40=		OR	+280=		
		·						TOTAL T. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1) CLAIMS		(Colun		(Column 3)			y	, ,			
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA	RA	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X	9=		OR	X\$18=		
AME	Independent	*	Minus	***		=	X	12=		OR	X84=		
	FIRST PRESE	NTATION OF MU	ULTIPLE DEPENDENT CLAIM								· · · · · · · · · · · · · · · · · · ·		
			-			L	40=		OR	+280=			
								TOTAL T. FEE		OR ,	TOTAL ADDIT. FEE		
		(Column 1) CLAIMS	nn 2)	(Column 3)									
AMENDMENT C		REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT. EXTRA	RA	ΙΤΕ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=		
	Independent	*	Minus	***		=	YA	2=		ŀ	X84=		
٩	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	PENDENT	CLAIM		^-		-	OR	A04=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+280=			
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Proviously Paid For" IN THIS SPACE is less than 20, enter "20."									OR ,	TOTAL ADDIT. FEE		
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "3." ADDIT. FEE													

BEST AVAILABLE COPY

1,3,4,6,9,33								Application or Docket Number					
	PATENT APPLICATION FEE DETERMINATION RECORD												
Effective December 29, 1999 098													
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OR	OTHER THAN SMALL ENTITY		
FC	PR	NUMBE	ER FILED	NUMBER	NUMBER EXTRA			E	FEE] [RATE	FEE	
ВА	SIC FEE		•						345.00	OR		690.00	
то	TAL CLAIMS	3	minus 2	10= + 14	· 14			X\$ 9=		OR	X\$18=	252	
IND	EPENDENT CL	AIMS (y minus	3 = 3	. 3			X39=		OR	X78=	234	
MU	MULTIPLE DEPENDENT CLAIM PRESENT							+130=			+260=		
* If	* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL			TOTAL	1126-	
CLAIMS AS AMENDED - PART II							,	_		OR	OTHER		
	(Column 1) (Column 2) (Column 3)						SMALL ENTITY			OR	SMALL		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NOM	Total	.37	Minus	 34	=		X\$ 9	=		OR	X\$18=		
AMENDMENT	Independent	. 6	Minus	··· (p	=		X39:	=	-	OR	X78=		
\vdash	FIRST PRESE	NTATION OF MI	JLTIPLE DEP	ENDENT CLAIM			+130	_		OR	+260=		
								TAL			TOTAL		
	(Column 1) (Column 2) (Column 3)						ADDIT. F	EE		J 💛 ' '	ADDIT. FEE		
1		CLAIMS		HIGHEST			•		ADDI-			ADDI-	
MENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATI	E	TIONAL		RATE	TIONAL	
MON	Total	*	Minus	**	=		X\$ 9	=]		OR	X\$18=		
AMEND	Independent	*	Minus	***	=		X39:	_		OR	X78=		
F	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					1	+130				+260=		
								= TAL		OR	TOTAL		
							ADDIT. F			OR	ADDIT. FEE		
<u> </u>	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST							-1	455:	ì	<u> </u>	1.00:	
AMENDMENT C	,	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MQ.	Total	*	Minus	**	=		X\$ 9	=		OR	X\$18=		
ME	Independent	*	Minus	***	=		X39				X78=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
	If the entry in activ	mn 1 is loss than t	he entry in colu	mn 2, write "0" in co	nlumn 3		+130			OR	+260=		
••	If the "Highest Nu	mber Previously P	aid For" IN THIS	mn 2, write to in co S SPACE is less that S SPACE is less th	an 20, enter "20	."	TO ADDIT. F	TAL		OR	TOTAL ADDIT. FEE	<u> </u>	
	The "Highest Num	nber Previously Pa	id For" (Total or	r Independent) is th	e highest numb	er fo	und in th	е ар	propriate bo	x in co	olumn 1.		